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HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAMES ON

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Takeno	Dwight	S.	(808) 847-2631
MAILING ADDRESS (Street)			FAX
1426 N. School Street			(808) 842-6090
(City)	(State)		Zip Code)
. •,	, ,	,	
Honolulu	Hawaii	9	6817
EMPLOYING ORGANIZATION (Fill in only if you	ı are employed by a busine	ss entity which has been retained to	TELEPHONE
lobby)			1221110112
United Public Workers, AFSCME, Local 646	(808) 847-2631		
MAILING ADDRESS (Street)			FAX
(,			
1426 N. School Street			(808) 842-6090
(City)	(State)		Zip Code)
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Honolulu	Hawaii		06817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do	not abbreviate)	TELEPHONE
United Public Workers, AFSCME, Local 646, AFL-C	(808) 847-2631	
MAILING ADDRESS (Street)		FAX
1426 N. School Street		(808) 832-8450
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Peter L. Trask, Administrator		(808) 847-2631
MAILING ADDRESS (Street)		FAX
1426 N. School Street		(808) 842-6090
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

PART	III DESCRIPTION OF	SUE	SJECTS UPON WHICH	YOU	EXPECT TO LOBBY		
[X]	Agriculture	[X]	Education	[X]	Human Services	[X]	Science, Technology & Economic Development
[X]	Communications & Public Utilities	[X]	Government Operations & Finance	[X]	Intergovernmental Relations, International Affairs	[X]	Tourism & Recreation
[X]	Consumer Protection & Commerce	[X]	Hawaiian Affairs	[X]	Labor & Employment	[X]	Transportation
[X]	Culture, Arts, Historic Preservation	[X]	Health	[X]	Planning, Land & Water Use Management	[]	Other: (indicate below)
[×]	Ecology, Energy Environmental Protection	[X]	Housing	[X]	Public Safety & Corrections		

PART IV CERTIFICATION	N OF LOBBYIST		
		to the best of my knowledge, correct and complete.	
- Hugh	L Japan		
	(Signature of Lobbyist)	(Date)	
PART V AUTHORIZATION	ON TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESEI	NTED
Peter L Trask	Administrator		
NAME OF ORGANIZATION (if ap	plicable)	TELEPHONE	
United Public Workers, AFSCME, Local 646, AFL-CIO		(808) 847-2631	
MAILING ADDRESS (Street)		FAX	
1426 N. School Street		(808) 842-6090	
(City)	(State)	(Zip Code)	*****
Honolulu	Hawaii	96817	
I hereby authorize the a	above - named person to engage	e in lobbying activities on behalf of the undersigned.	
Dr.		_	
Blu	G. inask	January 6, 2003	
(Signature of Au	uthorizing Officer or Person Represente	d) (Date)	- <u>-</u>